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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Green</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>118</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>588</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Andrea Quidera</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of child <u>7</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>7</u> <u>2</u> <u>24</u> Month day year	
FATHER		MOTHER	
8. Full name <u>Jenovaro Quidera</u>	14. Full maiden name <u>Adelaide Varnos</u>		
9. Residence (Usual place of abode) <u>Miami</u>	15. Residence (Usual place of abode) <u>Miami</u>		
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>		
11. Age at last birthday <u>25</u> (Years)	17. Age at last birthday <u>19</u> (Years)		
12. Birthplace (city or place) <u>Mexico</u>	18. Birthplace (city or place) <u>Mexico</u>		
(State or country)		(State or country)	
13. Occupation <u>Miner</u>	19. Occupation <u>Housework</u>		
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against syphilis neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.)			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Alive</u> (Born alive or stillborn) at <u>3:00</u> p.m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. J. Perkins</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address _____	
Month, day, year. _____		Filed <u>Aug 31</u> 19 <u>24</u>	
Registrar. _____		Filed <u>9-5</u> 19 <u>24</u>	
		Local Registrar. <u>C. E. Drin</u>	
		County Registrar. <u>A. J. G. O.</u>	

181-702-152